

CLASS C AMENDMENT FORM

File the original with:

**Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 – 5100
FAX (803) 896-5199**

Mail or fax a copy to:

**S.C. Office of Regulatory Staff
Transportation Department
P.O. Box 11263
Columbia, S.C. 29211
(803) 737-0578
FAX (803) 737-0815**

DATE: _____

I have the following Certificate of Public Convenience and Necessity:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: _____ To: _____
(Current Name) (New Name)

DBA: _____ To: _____
(If Applicable) (If Applicable)

☐ **Scope of Authority**

From: _____ To: _____
(Current Scope) (New Scope)

☐ **Passenger Limit**

From: _____ To: _____
(Current Limit Number) (New Limit Number)

(Street Address)

(City, State, Zip Code)

(Telephone Number)

(Signature)

(Title)